Bureau of Epidemiology & Disease Prevention

June 2005

The BUZZ

KDHE Immunization Program Newsletter

Bowden's Work a "shot in the arm" for Kansas

By Stacey Herman, Staff Writer
Office of Communications

Sue Bowden has retired from her position as the Immunization Program Manager on March 11 but not from helping kids. Sue will still be working as a consultant for the Kansas "WebIz" Registry project. Much of her recent work was spent encouraging reluctant Kansas children and adults to get immunized, as well as navigating the administrative complexities associated with that task. Her work with the Kansas Immunization Program has been "a shot in the arm" for all Kansans– both figuratively and literally.

Sue has served as the Immunization Program Manager for the last four years of her 11-year career in state government. She is a registered nurse whose work experience also includes elementary school nursing and consulting for the Kansas Childhood Lead Poisoning Prevention Program.

One of Sue's most significant accomplishments is her work on the web-based Immunization Registry. This system will assist health care professionals to accurately track childhood and adult immunizations.

"Establishing the registry has been a very complex project and she had the overall vision and leadership skills to bring a variety of partners together to make it happen," said Dick Morrissey, Deputy Director of the Division of Health. "Sue's knowledge in this area is so critical that she will consult with the agency on this project after she retires."

Sue shares the credit for this accomplishment and others with her team. "I have been lucky because I had a great team. I never really had to direct them. They are second to none and I consider them my second family. That is why it is so hard to leave," she said.

"Sue has been a compassionate and upright director of the Immunization Program; empowering her staff to achieve new goals while providing strong leadership," said Kimee Pierson, Kansas immunization nurse consultant.

Ms. Bowden will be spending her retirement on another worthy and noble cause—taking care of her newborn, twin granddaughters!

"We are fortunate that the agency will still be able to 'share' her with the twins, as she consults with us on getting the registry up and operating. Tending to the health and wellness of all children is clearly a higher calling for Sue," said KDHE Secretary Roderick Bremby.

Thank you Sue for all your hard work and dedication, you are missed already!

Inside this issue:

The entire Immunization Program Team is committed to assisting you in any way necessary to make your job of immunizing Kansans as effective and efficient as possible. Call us whenever you have a question: **(785) 296-5591**

REGIONAL IMMUNIZATION CONFERENCES!

COMING TO YOUR AREA THIS FALL STARTING IN OCTOBER 2005!

Western, North Central, South Central, Northeast, South East and the Greater KC area!

More Info Coming Soon!

Kansas 'WEBIZ'
Web Based Immunization Registry Rolls Out in July

Status of The Kansas Immunization Registry Project
2005

1. Milestone 1: On July 29,2004 a contract was signed between KDHE and Envision Technology to design and implement a statewide immunization registry. The system will be customized to meet the specific needs of the state of Kansas.

2. Milestone 2: On September 23, 2004 a 'kick-off' meeting was held to announce the official startup of the Kansas Immunization Registry project. Kansas is developing and implementing a statewide immunization registry that will capture and maintain immunization information from both private and public vaccination providers.

3. Milestone 3: In March 2005, final approval for project execution was confirmed by the Kansas Information Technology Office.

Status:

1. In the fall of 2004, a series of working meetings across four consecutive days was held with our vendor. In order to meet our primary goal, which is to focus on end-user needs, various stakeholder representatives were asked to participate and provide input on behalf of their respective group[s]. Conducting these sessions helped to build a foundation for a system that will address specific requirements for each end-user group. It is essential that end-users continue to provide input so that the registry will meet as many of their needs as possible.

2. Currently, for the first version of the registry, we are working with our vendor, the KDHE Information Technology department, and a number of data partners [Vital Statistics, the Women Infant and Children's program, and Kansas Integrated Public Health System, designers of a practice management system implemented in 97 local health departments]. Interfaces are being developed that will facilitate the exchange of immunization information. Both Local Health Departments and Private Providers will be able to share this confdential patient-record data for the purposes of tracking the immunization status of Kansans.

3. Access to registry data will be authorized by KDHE and will strictly adhere to both state and federal mandates that protect the privacy and confidentiality of individual health information.

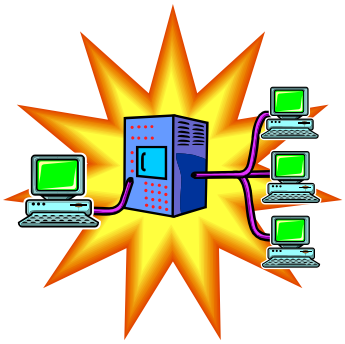
4. **Release 1**: We are currently in the process of selecting local health departments to participate in the deployment of the first release of the Kansas WebIZ immunization registry in ***July 2005***!

Check for here for updates!
http://www.kdhe.state.ks.us/immunize/webiz.html

   a. An interface is being configured that will export data from the Vital Statistics system to the registry on a regularly scheduled basis. Within a highly secure environment, essential demographic information and the first HepB shot will be available to the end-user.
   b. Local health departments will be in a position to begin entering immunization data into the registry once the system has been implemented at their respective facilities.
   c. KDHE has contracted with KIPHS to facilitate the successful migration of historical information from PH-Clinic, the KIPHS local health department practice management system, to the registry. Access to this historical data will allow ***appropriate*** end-users to review patient record information that extends beyond the county within which they provide health care.
   d. Finally, several private providers will be participating in the deployment of Release 1.

5. KANSAS WILL ACHIEVE ITS ULTIMATE GOAL to maintain immunization records that are accurate, up-to-date and complete – with all information pertaining to each individual consolidated into one non-duplicative history.

6. KANSAS WILL HAVE the most complete and reliable source of immunization data, that will be used to serve all Kansans as a repository from which information can be readily dispersed and effectively utilized in order to:
   * Maintain complete and accurate immunization data that can be exported to any provider to ensure timely and non-duplicated vaccine coverage.
   * Share data while ensuring compliance with State and Federal privacy and confidentiality mandates.
   * Streamline data collection processes performed by school nurses for school enrollment.
   * Automate timely reminders for vaccines that are due.
   * Manage vaccine supply more effectively to reduce wastage.



7. For further information contact:
   Debra Warren, Immunization Registry Manager
   Kansas Immunization Program
   1000 SW Jackson, Suite 210
   Topeka, KS 66612-1274
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   Email: dwarren@kdhe.state.ks.us

ACIP Recommends Meningococcal Vaccine for Adolescents and College Freshmen

A new meningococcal vaccine, MCV4 (marketed as Menactra™ by Sanofi Pasteur), was licensed by the U.S. Food and Drug Administration (FDA) on January 14, 2005 for use in people 11-55 years of age. The vaccine protects against invasive infections, including meningitis, caused by of most types of the bacterium *Neisseria meningitidis*. Anyone can contract meningococcal disease, but college freshman who reside in dormitories are most often infected.

MCV4 has been shown to protect individuals against meningococcal disease for a longer period than Menomune®, the only meningococcal vaccine previously available. This difference allows future dormitory residents to be vaccinated long before they step foot on campus.

ACIP and KDHE recommend routine meningococcal vaccination for young adolescents at the pre-adolescent doctor visit at about age 11-12, and for those who have not previously been vaccinated, before entering high school at about age 15. College freshmen living in dormitories are at higher risk compared to other people of the same age. ACIP and KDHE recommend routine vaccination for college freshmen living in dormitories. Also, all other adolescents who wish to reduce their risk of disease may elect to receive vaccine.

Meningococcal disease strikes up to 3,000 Americans annually, killing 300 people. Among survivors, up to 15 percent may suffer long-term permanent disabilities, including hearing loss, limb amputation, or brain damage. The disease often begins with non-specific symptoms, including headache, fever, stiff neck, and non-pruritic rash, that can be mistaken for other illnesses. However, meningococcal disease is particularly dangerous because it progresses rapidly and can kill within hours.

This new vaccine should offer longer protection than previous vaccines, is a single shot, and the most common reaction is a sore arm.

According to the new Advisory Committee on Immunization Practices (ACIP) recommendation:

* **Introducing** a recommendation for MCV4 vaccination in young adolescents (11-12 years old) may strengthen the role of the pre-adolescent visit and have a positive effect on vaccine coverage in adolescence. ACIP recommends that young adolescents see a healthcare provider at age 11-12 for a routine preventive visit, at which time appropriate immunizations and other preventive services should be provided.

* **College** freshman who live in dormitories are at higher risk for meningococcal disease compared to other people of the same age. Because of the feasibility constraints in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen.

* **The vaccine** is highly effective. However, it does not protect people against meningococcal disease caused by "type B" bacteria. This type of bacteria causes one-third of meningococcal cases. More than half of the cases among infants under the age 1 year are caused by "type B," for which no vaccine is available in the United States.

Things to Say from D&J

Debbie Baker

Debbie and Judy have over 37 years of combined experience with the KIP program, helping to keep the program running from day to day!

- Whenever you fax something to us, please include your PIN # on each page! This helps us monitor vaccine supplies and fill orders more quickly.
- Remember to send in your Temperature logs each month!
- GREAT NEWS! Vaccine Wastage dropped from 5 to 1 percent last year!
- Remember to order your vaccines on a quarterly basis to help reduce wastage!
- We will attempt to assist you in relocating vaccines with approaching expiration dates! We can not guarantee we will be able to find you a location. We would appreciate a three month short notice. Vaccines that expire within 30 days of contact will not be considered. Please plan ahead!
- Menactra is now available through VFC effective June 1, 2005!
- We have a new Vaccine Order Form dated June 2005. It has been mailed and emailed as an attachment to all VFC providers and is also available on our Web site. Please use this updated form from now on when ordering VFC vaccine.
- Welcome Whitney Evans to our Administrative Support Team!
- Thanks for all your help!!!!

Judy Darting

WWW.KDHE.STATE.KS.US/IMMUNIZE

"Kan Bee Done by One"

Fourth DTaP Now Recommended at 12 months

The Governor's Immunization Task Force made several recommendations for improving the immunization rates for children aged 2 years living in Kansas. Among these recommendations was to improve timely immunization by changing the recommendation for administration of the fourth dose of DTaP to an earlier point in a child's life.

The fourth DTaP may be administered at 12 months of age, provided six months have elapsed since the third dose, according to the Advisory Committee on Immunization Practice (ACIP), the American Academy of Pediatrics, (AAP) and the American Academy of Family Physicians (AAFP). Mild acute illness (with or without fever), current antimicrobial therapy, convalescent phase of illness or recent exposure to an infectious disease are NOT considered contraindications to vaccination. Vaccines can be administered under those circumstances.

Other states with similar low rates for the fourth dose of DTaP vaccine have begun campaigns to improve timely immunization with the fourth DTaP by changing the recommendation for administration of the fourth dose to 12 months of age. New Mexico has developed a "Done by One" campaign and Oklahoma has developed a campaign titled "OK by One."

To address the challenge, KDHE, in partnership with the KAAP and the KAFP, has developed a simpler schedule fully compatible with the ACIP, KAAP and KAFP recommendations. The Kansas "Kan Bee Done By One" condensed childhood immunization schedule has several advantages that we hope will encourage its acceptance by both providers and parents:

* It is much simpler if all the needed vaccinations are given at 2, 4, 6, and 12 months.
* Kids become protected at the earliest possible age.
* The condensed schedule discourages the practice of deferring vaccinations until the next visit, resulting in missed opportunities.

The "condensed" schedule will be released and sent soon!

The Kansas Department of Health and Environment (KDHE) Immunization Program launched 'Immunize and Win a Prize,' a statewide campaign to improve children's immunization rates. The program, an expansion of a successful 10-county pilot project, is a recommendation from the Governor's Blue Ribbon Task Force on Immunizations Report, which highlighted short-term and long-term ways to improve the state's immunization rates.

"Immunize and Win a Prize" offers prizes to any Kansas child and his or her parents each time the child receives immunizations from birth to two years of age.

"We believe this statewide campaign will greatly improve immunization rates among Kansas children by providing incentives for parents and children, while at the same time ensuring the children are protected through a complete primary series of immunizations by age two," said KDHE Secretary Roderick L. Bremby.

The "Immunize and Win a Prize" campaign is an expansion of a 2003 pilot program that focused on 10 counties and targeted Medicaid participants. That program exceeded its goal of increasing immunization rates by 10 percent in each county, with improvements in immunization rates between 14 to 55 percent.

"Immunize and Win a Prize" will run through September 2005 at participating Vaccines For Children health care providers across the state. Prizes for getting immunized include children's Tylenol, a digital thermometer, a beanie bee, and stickers. Currently, 104 of 105 county Health Departments along with approximately 100 private Vaccines For Children providers are participating in immunizing Kansas children in their medical home across the state.

2004 Winning Zoo Trip Families!

Participants who complete their primary series of immunizations by age 2 will be entered into drawings for additional prizes.

There will be three winning families from each county, with the winners receiving either 30 hours of free long distance calls, $500 paid toward a utility bill of choice, or $500 paid toward either monthly rent or mortgage payment. The regional winners, 12 winning families in all, will receive a weekend vacation to the Sedgwick County Zoo, and one Kansas family will win a trip to Disney World.

Any health care provider who wishes to sign up to participate in the "Immunize and Win a Prize" program should contact the Kansas Immunizations Program at 785-296-3975.

Funding for the statewide campaign comes partially from the Centers for Disease Control and Prevention (CDC). The Kansas Department of Social and Rehabilitation Services partnered with KDHE on this project. In addition, McNeil Consumer and Specialty Pharmaceuticals, Birch Telecom, Envision Print, and COX Communications donated to the statewide effort.

Varicella Deaths-
Timely Vaccination Needed

During 2003 and the first half of 2004, CDC received reports of eight Varicella-related deaths. The age of the decedents ranged from 1 to 40 years. Six of the eight deaths occurred among children and adolescents age under 20 years old. The cases were reported from Arizona (two), Maryland (two), Arkansas (one), New Hampshire (one), Ohio (one), and New York City (one). Six deaths occurred in unvaccinated persons. Vaccination status of the remaining two persons could not be determined. Three children were susceptible and unvaccinated, but otherwise healthy. The three other children and adolescents, not described in detail in this report, were immunocompromised as a result of at least one preexisting condition. The findings in this report underscore (1) the importance of timely routine vaccination of children age 12-18 months and catch-up vaccination of older susceptible children and adolescents according to current recommendations and (2) the need for timely and complete national Varicella death surveillance.

For children aged 19-35 months, national estimates of Varicella vaccination coverage increased from 26% in 1997 to 85% in 2003. With the increase in vaccine uptake, substantial reductions in Varicella morbidity and mortality have occurred. In the two Varicella Active Surveillance Project (VASP) sites (Antelope Valley, California, and West Philadelphia, Pennsylvania) during 1995-2003, the number of reported Varicella cases declined by approximately 85%, and Varicella hospitalization rates declined by approximately 70%. In Illinois and Michigan, two states with passive surveillance and annual Varicella reporting to CDC, the average number of reported Varicella cases had declined 87% in both states in 2003 (3,823 cases in Illinois and 4,171 cases in Michigan), from the average incidence in those states during 1993-1995 (28,378 average number of cases in Illinois and 33,177 average number of cases in Michigan). On the basis of reports received by CDC's National Center for Health Statistics (NCHS), Varicella deaths declined 78% for all age groups during 1999-2001 (N = 118), compared with 1990-1994 (N = 525). Some providers might consider delaying vaccination coverage. However, this has not been a consistent finding; other studies have not indicated age at vaccination as a risk factor for vaccine failure. As exemplified in the death of the child aged 14 months, timely vaccination is important, and vaccination should not be delayed. In addition to routine vaccination of young children, in 1999, the Advisory Committee on Immunization Practices recommended implementing requirements for childcare and school entry to help ensure that children do not reach adolescence or adulthood without Varicella immunity. By June 2004, a total of 44 states had implemented elementary school or childcare entry requirements for Varicella vaccination. However, these measures alone are not sufficient. Middle- or high-school entry requirements are needed to cover cohorts of children enrolled in school before implementation of the childcare and elementary school requirements. As of March 23, 2005, only 18 states had included middle- or high-school entry requirements for Varicella vaccination. One death (case 2) described in this report occurred in a state with elementary school and childcare requirements, but no middle- or high-school entry requirements. To prevent cases and deaths in older children and adolescents, states that do not have a policy in place should consider requiring evidence of Varicella immunity for children entering middle and high school.

Despite 85% national coverage, Varicella vaccination coverage rates vary by state. In 2003, vaccination coverage in states among children aged 19-35 months ranged from 67% to 93%, with 28 states reporting vaccination coverage levels less than 85%. Families and healthcare providers of all children are advised to ensure vaccination of children who do not have reliable history of Varicella disease. Continued public health efforts in implementation of routine and catch-up vaccination will ensure that children are protected from disease during childhood and do not enter adulthood without immunity, when disease is more severe and the risk for death is greater.

2004-2005 Influenza Season Ends

During the 2004-2005 influenza season, the Kansas Department of Health and Environment (KDHE) conducted sentinel surveillance for influenza in collaboration with the Centers for Disease Control and Prevention (CDC), the Kansas Division of Health and Environmental Laboratories (KDHEL), and 27 health care providers throughout the state of Kansas. The purpose of the surveillance was to: track influenza-like illness (ILI), recognize trends in influenza transmission, determine the type of influenza circulating and detect changes in seasonal influenza viruses.

The CDC and Prevention defines influenza-like illness (ILI) as fever greater than 100˚F or 37.8˚C, with cough and/or sore throat, in the absence of a known cause other than influenza. Influenza reporting is not required by law; surveillance is conducted in cooperation with 27 health care provider sentinel sites throughout the state. Each week, sentinel site personnel determine the total number of patients seen with ILI during the previous week. The data is collected by the following age groups — preschool (0-4 years), school-age through college (5-24 years), adults (25-64 years), and older adults (>64 years). In addition, the total number of patients seen during the previous week for any illness is recorded. The Influenza Sentinel Provider Reporting System, which allows reporting by telephone and the Internet, transfers weekly data to CDC. Nasopharyngeal isolates are submitted to the KDHEL throughout the season. KDHEL reported confirmed Influenza A and Influenza B on January 13, 2005. Selected isolates were sent to CDC for strain identification. During the current influenza surveillance period, starting October 2, 2004 (week 40) and ending May 21, 2005 (week 20) ILI visits gradually increased over time, and peaked during the week ending January 29, 2005 (week 4). During week 4, 3.47 percent of patient visits to sentinel providers in Kansas were due to ILI. The previous influenza season, 2003-2004, peaked the week ending December 13, 2004 (week 50) with 8 percent of patients visiting sentinel provider for ILI. ILI visits to providers (2004-2005 season) remained intense until the week ending March 12, 2005 (week 10). A steady decline followed the winter influenza activity. The percentage of patient ILI visits decreased to less than 1% for the week ending March 26, 2005 (week 12). ILI was reported in every age group; the majority of cases (44 percent) were seen in the 5-24 age group. This age group, combined with the 25-64 group, comprised 76 percent of ILI visits. A marked rise in ILI was seen five weeks later than the previous flu season, and the peak was seen six weeks later than in the previous season. The peak period of ILI activity in Kansas was three weeks earlier than the U.S. peak, which occurred the week ending February 19, 2005 (week 7).

Rubella No Longer Major Public Health Threat in United States

A major public health milestone has been achieved in the United States--the rubella virus, a major cause of serious birth defects such as deafness and blindness, also known as congenital rubella syndrome (CRS), is no longer considered to be a major public health threat in the United States, Dr. Julie Gerberding, director, Centers for Disease Control and Prevention, announced at the National Immunization Conference today in Washington, DC.

"The elimination of rubella in the United States is a tremendous step in protecting the health and well-being of pregnant women and infants," said Dr. Gerberding. "A disease that once seriously harmed tens of thousands of infants is no longer a major health threat, thanks to a safe and effective vaccine and successful immunization programs across the country. We should take pride in this accomplishment, and also recognize that we must maintain our vigilance or we can see a resurgence of disease."

Currently about 93 percent of the nation's children under age 2 are vaccinated against measles, mumps, and rubella, according to the CDC's National Immunization Survey. More than 95 percent of the nation's children are vaccinated against rubella by the time they enter school. "The importance of continuing vaccination cannot be emphasized enough," said Dr. Steve Cochi, acting director, CDC's National Immunization Program. "Cases of rubella continue to be brought into the country by worldwide travelers and because of bordering countries where the disease is active."
During 1964 and 1965 a rubella epidemic in the United States caused an estimated 12.5 million cases of rubella and 20,000 cases of congenital rubella syndrome (CRS), which led to more than 11,600 babies born deaf, 11,250 fetal deaths, 2,100 neonatal deaths, 3,580 babies born blind, and 1,800 babies born mentally retarded.

Since reporting of rubella began in 1966, the largest number of rubella cases reported was in 1969 with 57,686 cases. Following vaccine licensure in 1969 and development of a rubella vaccination program to prevent rubella infection during pregnancy, rubella incidence fell rapidly. By 1983, fewer than 1,000 cases were reported per year.

In 1989, CDC established a rubella elimination goal. Despite a resurgence in rubella and measles cases during the measles epidemic from 1989-1991, reported rubella cases in the 1990s declined to all-time low numbers. From 1990 through 1999, only 117 cases of CRS were reported; 66 of these babies were born in 1990 and 1991. In 2001, for the first time in history, fewer than 100 cases were reported in the United States. In 2003, there were only eight rubella cases and one CRS case reported in the United States. In 2004, there were only nine rubella cases reported in the United States.

Since the mid-1990s, the United States has worked closely with the Pan American Health Organization (PAHO) and Mexico to improve rubella control in the Americas. Those efforts have resulted in dramatic reductions of rubella in many nations of the Americas. In September 2003, ministers of health of all countries in the Americas resolved to eliminate rubella and CRS by 2010.

Last fall, an independent panel including internationally recognized immunization experts from academia, the Council for State and Territorial Epidemiologists (CSTE), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Pan American Health Organization, Mexico, and the CDC concluded that rubella virus in no longer endemic in the United States.

Rubella is prevented through vaccination. Rubella vaccine is recommended for all children and for adolescents and adults without documented evidence of immunity. It is especially important to verify that all women of childbearing age are immune to rubella before they get pregnant.

Although it is available as a single preparation, it is recommended that rubella vaccine be given as MMR vaccine (protecting against measles, mumps, and rubella). The first dose of MMR should be given on or after the first birthday; the recommended range is from 12-15 months. The second dose is usually given when the child is 4-6 years old, or before he or she enters kindergarten or first grade. Maintaining high coverage and rubella population immunity in the United States among children and adults will be important to maintain the benefits of achieving rubella elimination.

Polio Vaccine Turns 50!

April 12, 2005, marked the 50th anniversary of the announcement that the polio vaccine, developed by Jonas Salk and his team of scientists at the University of Pittsburgh, worked. "Safe, effective, and potent" were the words used to announce to the world that an effective vaccine had been found against a disease that once paralyzed 13,000-20,000 persons each year in the United States.

In 1979, fewer than 25 years after introduction of the vaccine, the last indigenously acquired case of polio caused by wild poliovirus was detected in the United States; 15 years later, in 1994, the Western Hemisphere was certified polio-free.
Through support by the National Foundation for Infantile Paralysis (known today as the March of Dimes), Thomas Francis Jr. of the University of Michigan led the pioneering field studies of inactivated polio vaccine that led to the April 12, 1955, announcement. Approximately 1.8 million children from 217 areas of the United States, Canada, and Finland participated in the vaccine field studies. Thousands of health-care workers and lay persons volunteered to assist with the field studies, the largest ever in U.S. history. The National Foundation for Infantile Paralysis also supported the development work of Albert Sabin, whose oral polio vaccine (OPV) was licensed in 1961.

The Global Polio Eradication Initiative, spearheaded by the World Health Organization, Rotary International, UNICEF, and CDC, was begun in 1988. That year, an estimated 350,000 children were stricken with polio worldwide; in 2004, polio cases had decreased to approximately 1,200 cases globally. Although the Americas are polio-free, the disease still exists in some countries in Asia and Africa. Using the Sabin OPV, the Initiative continues to conduct immunization campaigns in those countries that have not been declared polio-free. In recognition of the anniversary of the first effective polio vaccine, the Smithsonian's National Museum of American History will open a yearlong exhibition, "Whatever Happened to Polio?" The exhibition will tell the story of the polio epidemic in the United States, the vaccine development, and current world efforts to stop transmission. Also highlighted will be stories of polio survivors and the influences they have had on society in the United States. Information about the exhibit is available at http://www.americanhistory.si.edu. Information about polio disease, vaccine, and eradication efforts is available at http://www.cdc.gov/

HepB Birth Dose-Why Give It?

Kansas Example

Why Give the Hepatitis B Birth Dose?
Hepatitis B vaccine is currently recommended to be administered to all infants at the time of birth and before hospital discharge. A universal policy to vaccinate all infants for hepatitis B at birth acts as a safety net and reduces the risk for perinatal infection.

Hepatitis B Birth Dose Acts as Safety Net When:

- A pregnant woman is hepatitis B (HBsAg) positive but her status is not communicated to the nursery; is misinterpreted; or is mistranscribed in her prenatal records.
- A chronically infected woman is tested by mistake for hepatitis B surface antibody (anti-HBs or HBsAb) instead of HBsAg.
- A pregnant woman is not tested for HBsAg prenatally or in hospital at time of delivery.
- A high-risk woman tests negative early in pregnancy but develops hepatitis B infection later in pregnancy.
- A mother is HBsAg negative but the infant is exposed postnatally from another family member or caregiver. This accounts for two-thirds of childhood transmission.

Example from a Kansas Hospital:
Recently, an infant was born to a mother who had no prenatal care and was not tested for hepatitis B prior to delivery. As a result, the local hospital tested her for hepatitis B and administered the birth dose of hepatitis B vaccine to the infant. Both mother and infant were discharged before the hepatitis B positive test results were reported. According to CDC, infants born to hepatitis B positive mothers should receive both hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. If the mother's hepatitis B status is unknown then vaccinate the infant and administer HBIG within seven days of birth. After the laboratory results were reported the infant received HBIG at four days of birth.

This infant and those born to hepatitis B positive mothers should receive the second and third doses of hepatitis B vaccine according to schedule and then test for protective antibody levels and disease 3-9 months after complete of hepatitis B vaccine series.

Resources

- Labor & Delivery and Nursery Unit Guidelines
http://www.immunize.org/catg.d/p2130per.pdf
- "Recommended Childhood and Adolescent Immunization Schedule 2005"
http://www.cdc.gov/nip/recs/child-schedule.pdf
- Give the Birth Dose
http://www.immunize.org/catg.d/p2125.pdf
- Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization

Regional Immunization Conferences

The Kansas Immunization Program staff will be conducting Regional Immunization Conferences in your area this fall! This year, the staff will be conducting six different conferences across the state in October and November. The conferences will be offered in all six regions of the state: Western,

North Central, South Central, North East, South East and the Greater Kansas City area. There will three tracks covering 12 different topics! The meeting locations, dates, times and registration info for your area will be released soon! The statewide conference resumes Fall 2006!

Governor's Birth Card Project

The Governor's Birth Card Project continues across Kansas, with the new card being released in February 2005!

The Kansas Immunization Program received 41,000 cards and envelopes from Hallmark in mid February of this year. The average Kansas birth cohort at this time is 37,000 children per year, leaving a few extra cards to cover any increases.

This year the Kansas Immunization Program has decided to mail the cards directly to the new parents. We have worked with our Vital Statistics Department developing a new procedure that will almost eliminate any possibility of new parents receiving a card who's child may have passed away during their first month. The new system immediately deletes any birth certificates as soon as a death certificate arrives, therefore no mailing label is printed when we pull this data.

2005 Birth Card

This year we also are including inserts into every card regarding the importance of Immunizations and the "Immunize Win a Prize" project and therefore, did not want to ask providers to take on any extra duties or costs. On the average, we are mailing out 1,500 cards every two weeks, with the families receiving the cards at approximately four weeks after birth. This serves as a reminder/recall and congratulations card. Please discontinue sending out any of the outdated cards if you have them in stock.

New Satellite Broadcast: *Immunization Update*

Please mark your calendar for NIP's *Immunization Update 2005* on July 28, 2005. *Immunization Update 2005* will cover new recommendations for influenza vaccine and an update of the influenza vaccine supply, meningococcal conjugate vaccine, acellular pertussis vaccine for adolescents, and revised Varicella vaccine recommendations. The 2.5-hour broadcast will occur live on July 28 from 9:00 a.m. to 11:30 a.m. and will be rebroadcast that day from 12:00 noon to 2:30 p.m. Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines. The program will also be available as a live web cast which can be accessed through the internet. For more information, visit http://www.phppo.cdc.gov/PHTN/immup2005/default.asp

Thimerosal and Autism
Dr. Cochi's Message

IMPORTANT: CDC ISSUES DR. STEPHEN COCHI'S MESSAGE ABOUT THE PUBLICATION OF A NEW BOOK ON THIMEROSAL AND AUTISM

On April 1, CDC issued a message from Dr. Stephen Cochi, acting director, NIP, regarding the release of a new book on thimerosal and autism. Titled "Evidence of Harm--Mercury in Vaccines and the Autism Epidemic: A Medical Controversy," the book will be heavily promoted in upcoming months and may cause parents to question the safety of vaccines. Due to it's length, Dr. Cochi's message can be found on the Kansas Immunization Web Page at http://www.kdhe.state.ks.us/immunize/index.html

YAHOO for You...and Immunizations!

HEALTH TIP: AFTER IMMUNIZING YOUR CHILD

Yahoo.com users with registered accounts can now receive regular family health tips. Recently, this included recommendations from the Centers for Disease Control and Prevention (CDC) on caring for children after they have been immunized. Ways to address typical reactions were provided along with instructions for care of children who might experience swelling or soreness at the inoculation site. Instructions for monitoring fever were combined with practical advice on when to contact a health care provider.

For more information, go to http://news.search.yahoo.com/search/news?fr=news-storylinks&p=%22Disease%20Control%20and%20Prevention%22&c=&n=20&yn=c&c=news&cs=nw

Communicate Care with Families

Effective, empathic communication is critical in responding to parents who are considering not vaccinating their children. Parents should be helped to feel comfortable voicing any concerns or questions they have about vaccination, and providers should be prepared to listen and respond effectively.

1. Ask Questions
2. Respect and address concerns
3. Educate about responsibilities
4. Explore acceptable options
5. Keep communication open

Sources of additional information:
www.immunize.org/concerns
www.vaccineinformation.org/photos
www.vaccineinformation.orb/videos
www.cdc.gov/nip/vacsafe/parents-quesrtion-vacc-help.htm
Adapted from the Centers for Disease Control and Prevention and the Michigan Department of Community Health

FDA Approves a New Combination Vaccine to Help Protect Adolescents and Adults against Whooping Cough

On June 10th, the Food and Drug Administration (FDA) approved a new vaccine for a single booster immunization against pertussis (whooping cough), in combination with tetanus and diphtheria, for adolescents and adults 11-64 years of age. The vaccine will be marketed as Adacel by Aventis Pasteur Limited located in Toronto, Canada. Adacel is the first vaccine approved as a pertussis booster for adults. Vaccines for prevention of tetanus and diphtheria (Td vaccine) in adolescents and adults have been available for many years. Recently, FDA approved a similar vaccine called Boostrix, manufactured by GlaxoSmithKline, for use in adolescents 10-18 years of age. Since 1980, the rates of reported pertussis cases have been increasing in adolescents and adults, as well as in young infants. Adolescents and adults have been implicated as the source of pertussis infection for susceptible young infants, and other family members. To view the FDA's press release, visit http://www.fda.gov/bbs/topics/ANSWERS/2005/ANS01361.html

Kansas Pertussis Facts 2004

Based on reports submitted to the Kansas Surveillance Database

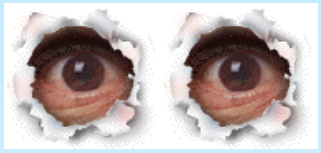
241 Cases reported in Kansas

30% of cases were in Adolescents

15% of cases were in Adults >=45

16% of cases were in Infants < 1yo

Median age of cases was 22.5



Just Lookin' Around!

Congratulations to VFC Provider Dr. Jennifer Brull, MD, Prairie Star Family Practice in Plainville Kansas, recognized in the Spring 2005 Edition of "Kansas Connections" for her volunteer efforts. Read more here: http://ruralhealth.kumc.edu/ksconn/spring2005.pdf

Marshall County Health Department- Last year, the Marshall County Health Department initiated a process of presenting a new "Pink Book" to all High School seniors in the county. As part of this effort, a hard copy of each student's historical immunization record is provided. This record can be forwarded to a student's respective high school and serves as proof of immunization status. An informational brochure is also provided which describes the Meningitis vaccine and an article about the "Freshman 15." The school nurse from each of the four schools in the county is contacted in March so that all historical shot records from the LHD for each graduating senior can be recorded in the school's health information system. They say it makes a very good "graduation gift."

Effective March 15, a new service, the CDC-INFO Contact Center, began answering immunization questions placed by phone from the public and health professionals. Previously, the National Immunization Information Hotline answered phone-in immunization questions. The new contact center phone number is (800) 232-4636 (i.e., [800] CDC-INFO). Both English- and Spanish-speaking callers can get information from the contact center; the first message callers hear is the option to select English or Spanish. For the next few months, calls placed to the old hotline number will roll over to the new contact center number. NIP staff is still answering email immunization questions sent to **nipinfo@cdc.gov** PLEASE NOTE: The new contact center service is not dedicated to immunization; it is an integrated CDC hotline service that answers questions on many topics. Callers to the contact center will pick among several options, one of which is immunization.

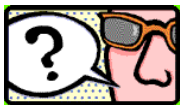
HOTLINE NUMBER CHANGES ON VISs: All VISs that contained the old hotline number have been changed to show the new contact center number. The change was made to VISs in the section titled "How Can I Learn More?" The VIS dates have not changed; the only change is to the telephone number. Because the new contact center service will handle calls made to the old hotline number for a few months, there is no need to discard stocks of VISs that have the old number.

Immunization - You Call the Shots: The first module of a new training program, *Immunization – You Call the Shots*, is now available. The module entitled, *Understanding the Basics: General Recommendations on Immunization*, provides an over view of the basic concepts of immunity, the general rules of immunization, and contraindications and precautions. It is the first module in a 13-module, interactive series covering all aspects of immunization, for new and experienced immunization providers. The module can be found at http://www.cdc.gov/nip/ed/youcalltheshots.htm.

Clinics can request: Prepaid postage cards, teddy bears, educational materials, and Prevnar alcohol swipes from Wyeth. Please contact Heather J. Gray at sajovih@wyeth.com or Cell 816-590-3797.

If you have events, activities or news you would like to share, please email me at Mparsons@kdhe.state.ks.us and we will try to include it in the BUZZ!

Questions with Answers Corner



Q: What do I do with my Completion Cards from the Immunize and Win a Prize Project?
R: Hold on to those for now at your office, we will be asking you to mail them or send them by Courier in September for the Grand Prize Drawings.

Q: Where can I get a copy of the VFC Enrollment Form?
R: The VFC Enrollment Form is now online on our website, or you can call 785-296-0869.

Q: Is Menactra now available through VFC?
R: Yes, it is currently on our updated order forms and became available on June 1 of this year.

Q: Can we begin practicing "Kan Bee Done by One" now?
R: Yes, we are currently working on the "Condensed" schedule for you now, it should be out shortly. Call with any questions.

Q: Will the Kansas Immunization Program help us in relocating vaccines that are getting close to expiration date?
R: Yes, but with no guarantees we will be able to find anyone for you. We also ask that you try to give us a three month notice so we have more time to assist you. We apologize that we will not be able to assist you with vaccines that expire in under 30 days of you contacting us.

Don't Forget that the Regional Immunization Conferences are coming to YOUR area this Fall beginning in October! "Save the Date" reminders to be mailed out soon!

If you have questions you would like addressed, please email us at: Mparsons@kdhe.state.ks.us **or call**

785-296-5591

Bureau of Epidemiology & Disease Prevention

To find out more about becoming a VFC Provider,
Contact Ronda Sanders at rsanders@kdhe.state.ks.us

UPCOMING EVENTS:

NIP's *Immunization Update 2005* on July 28, 2005–Satellite Broadcast 9:00 to 11:30 am will be re-broadcast that day from 12:00 noon to 2:30 pm.

Immunization Registry "WEBIZ" Roll Out Starting July 8th!

Kansas School Nurse Conference July 25-29, Wichita Ks.

Immunize Win a Prize 2005 ends in September, Grand Prize Drawings!

Kansas Immunization Regional Conferences October/November 2005!
Dates to be released for your area soon!
9am-3pm, Lunch Provided! One day only!
Three Different Tracks, over 12 different Topics to choose from!

To schedule BEE WISE at your next event, call Mike at 785-296-3975!

Kansas Immunization Program Contact Information

Vaccine Order-	Debbie Baker	Dbaker@kdhe.state.ks.us
MIRS/Provider Profiles-	Judy Darting	Jdarting@kdhe.state.ks.us
Health Education-	Whitney Evans	Wevans@kdhe.state.ks.us
VFC Enrollment-	Ronda Sanders	Rsanders@kdhe.state.ks.us
Outreach/Education-	Mike Parsons	Mparsons@kdhe.state.ks.us
Immunization Registry -	Debra Warren	Dwarren@kdhe.state.ks.us
Registry Trainer-	VACANT	
Disease Investigation-	Martha Siemsen	Msiemsen@kdhe.state.ks.us
Adult Imm., Influenza	Daniel Neises	Dneises@kdhe.state.ks.us
Perinatal HepB-	Jennifer Hill	Jhill@kdhe.state.ks.us

Immunization Nurse Consultants:		**Main # 785-296-5591**
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Betty Grindol-	SE Kansas	Bgrindol@kdhe.state.ks us
Vacant-	SC Kansas	785-296-5591 (temp)

RETURN ADDRESS AREA

POSTAGE AREA

ADDRESS AREA